

John Flynn < JFlynn@afphq.org> on 10/05/2010 06:02:28 PM

To:

"'2022190174@fec.gov'" <2022190174@fec.gov>

СС

Subject: FEC Form

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn

Executive Vice President and General Counsel Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-5-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Disbursements/Obligat	tions				
	(a) Name Americans for Prospe	rity				
	(b) Address (number and street) check it different than proviously reported 211 Wilson Blud, Suite 350		2. FEC Ide	2. FEC Identification Number		
	(c) City, State and ZIP/Code VA 2220		уческого од о основник под населения на было се и объеби Ма	C		
	(d) Name of Employer or Prihopal Place of Business		(e) Occupation	J		- Sandr
•	✓ New	Commence of the first of the state of the st	70	انما	2010	
3.	Ic Thic Statement	4. Covering Peri	•	throug	2010	
	Amended	, 	10	. منتو ددو .	2010	
	Attended				· · · · · · · · · · · · · · · · · · ·	
5.	(a) Date of Public Distribution(s)	4 2010 100	ommunication	Title "MCB	s Step Richfield	10.3.10°
6.	The filer is a(n): (a) Individual (b) Uninc	corporated Organization (o) Qualified	Nonprofit Cor	poration (11 CFR 114.1)	0)
	(d) Corporation, Labor Organization or Qua	lified Nonprofit Corporation	making comm	unications und	der 11 CFR 114.15	
	(e) Other, specify:					
						-
7.	If the filer is an individual, unincorporate were the disbursements made exclusive	d organization or qualifi y from donations to a s	ed nonprofit egregated b	corporation ank account	Yes No	
8.	Custodian of Records			AND A STATE OF THE PROPERTY OF A STATE OF THE PARTY OF TH		11000-009
	(a) Name Steve Mullins					
	(h) Address (number and street) 2111 Wilson Blud, Suite 350					
	(c) City. State and ZIP Corte Ar Instron. VA 22201					
	(d) Name of Employer or Principal Place of Business		(e) Occupat	on_	The state of the s	and the second
	Americans to Prospo	erity	Ct	0		
9.	Total Donations This Statement	,		-0		
10.	Total Disbursements/Obligations This Sta	atement	1-	7 811	00	-ryundingh
-	And the second s			-		
	Under penalty of perjury, I certify that this stateme	باها		•		
	TYPE OR PRINT NAME OF PERSON COMPLETING	FORM JOHN	rynn	<u>'</u> ,,,,		-congressi
	SIGNATURE July		DATE	10/5/2	010	
	NOTE. Submission of false, euroneous of fincamplete	information may subject the person	signing this staten	ont to the penaltie	s of 2 U.S.C. §437g.	

ers	son(s) Sharing/Exercising Control	
A.	(a) Name Tim Phillips	
	(b) Address (number and street) 211 Wilson Blud, Suite 350	
	(c) City, State and ZIP Code, AMINITON, VA 22201	
	(d) Name of Employer or Principal Place of Business AWLA CANS FOR PROSPERTY	(e) Occupation President
В.	(a) Name John Punn	(reo) deng
	(b) Address (number and street) 411 Wilson Blud, Svite 350	
	(c) City, State and ZP Code Arthron, VA 27201	
	(d) Name of Employer of Principal Place of Business And of Course for Principal Place of Business	Secretary Treasurer
Ċ.	(a) Name Siteine Min//inc	7/1/10
	(b) Address (number and street) Son Blue, Soite 350	
	(c) City. State and ZIP Code ATMATON, VA 22201	
	(d) Name of Employer extending Place of Business Americans for Prosperity	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
Ī	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A Donation(s) Received

PAGE 3 OF 7

A.	Full Name of Donor	A		Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
В.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	. 3
C.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	,
D.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	у
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor		***************************************	Amount
	City	State	Zip	
SUBT	OTAL of Donations This Page	e (optional)		0
TOTA	L This Period (last page this (carry total from last page			. ▶

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 7

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation			
Kuninka Media	10'05' 2010			
Mailing Address of Payee				
POBOX666	Amount			
City State Zip Code	, ,750.00			
Weston MA 02493	Communication Date			
Name of Employer Occupation	70'04'2010			
Purpose of Disbursement (Including title(s) of communication(s))	<u></u>			
Placement of Radio Spot "NIC Bus Strup Cle	zirsuille 10.3.10"			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Zack Space Senate District: 18	Primary General			
President	Other (specify)			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General			
Charlie Wilson Senate District: 06	Other (specify)			
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:			
State:	Primary General			
District:	Other (specify)			
	Date of Disbursement or Obligation			
B. Full Name (Last, First, Middle Initial) of Payee	10 05 2010			
Mailing Address Jos Payee	10 05 2010			
P 0/20x 666	Amount			
City State Zip Code	, 1,80000			
Weston MA 02493	Communication Date			
Name of Employer , Occupation	•			
NA	10 04 2010			
Purpose of Disbursement (Including title(s) of communication(s))	1 1/2 2/1			
	auton+Louisville 10.4.10"			
Name of Federal Candidate Office Sculpht: X House State:	Disbursement/Obligation For: Primary General			
Ohn Boccieri Senate District: 16				
Name of Federal Candidate Office Sought: House	Other (specify) ▶ Disbursement/Obligation For:			
State:	Primary General			
President District:	Other (specify)			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Senate	Primary General			
President District:	Other (specify)			
SUBTOTAL of Disbursements/Obligations This Page (optional)	, 2,550,00			
TOTAL This Period (last page this line number only)				
(carry total from last page to Line 10)	• •			
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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

	7
PAGE	OF (

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Konjolka Media	70 05 2010
Mailing Address of Payee	
10/20×666	Amount 3 GG 5
City State Zip Gode	, 3,990.00
Weston MA 02493	Communication Date
Name of Employer Occupation NA NA	10 04 2010
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Adio Sout "N(C Bus Step Richfi	eld 10.3.10"
Name of Federal Candidate Office Sought: X House State: OH	Disbursement/Obligation For:
Betty Sutton Senate District: 13	Rrimary X General Other (specify) ▶
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
. Senate	Primary General
President District:	Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General
Senate District:	
President	Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Mailing Address of Payee	
PO Box 666	Amount
City Weston State Zip Code V2493	Communication Date
Name of Employer Occupation /	
N/A N/A	10'09'2010
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Radio Spot "MC Bus Stop Di	over 10.4.10"
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Zack Space Senate District: 18	Primary
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate	Primary General
District:	Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District;	Primary General
President	Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)	5,830 00
TOTAL This Period (last page this line number only)	<u>.</u>
(carry total from last page to Line 10)	, ,

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Konjolka Media	70'05'2010
Mailing Address of Payee	
PoBoxloble	Amount
City State Zip Code	, 3,008.00
Weston MA 02493	Communication Date
Name of Employer Occupation	
N/A N/A	10 04 2010
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Adio Sast "NIC Bos Stap Many	sville 10.4.10"
Name of Federal Candidate Office Sought: House State: OH	Disbursement/Obligation For:
Mary Jy Kilron Senate District: 15	Primary General
President	Other (specify)
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General
Senate District:	Other (specify)
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:
State:	Primary General
District:	Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
_ Konjolka / Ledia	10'05'2010
Mailing Address of Payes POBOX 666	Amount
City State Zip Code	, , 303.00
Weston MA- 02493	Communication Date
Name of Employer Occupation /	
NA NA NA	10 04 2010
Purpose of Disbursement (Including title(s) of communication(s))	11 11 1 2 1 11
	llicothe 10.3.10"
Name of Federal Candidate Office Sought: House State: OH	Disbursement/Obligation For:
Zack Space Senate District: 18	Primary Seneral
President	☐ Other (specify) ▶
State:	Disbursement/Obligation For: Primary General
Senate District:	
Name of Federal Candidate Office Sought: House	☐ Other (specify) ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Senate State:	Primary General
District:	Other (specify)
J	
SUBTOTAL of Disbursements/Obligations This Page (optional)	3,311.00
TOTAL This Period (last page this line number only)	· • - • •

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Konjolka Media	70 05 2010
Mailing Address of Payee	Amount
10/30×666	.420.00
City State Zip Code	, ,42000
Name of Employer Occupation Occupation	Communication Date
N/A N/A	10 04 2010
	netta 10.3.10"
Name of Federal Candidate Office Sought: House State: OH	Disbursement/Obligation For:
Charlie Wilson Senate District: 06	☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:
State:	Primary General
President District: ———	Other (specify)
Name of Foderal Candidate Office Sought: House State:	Diebursement/Obligation For:
Senate District:	Primary General
President President	Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Konjulka Media	10 05 2010
Mailing Addrees of Payee Portion Addrees of Payee	Amount
City State Zip Code	5,700,00
Weston MA 02493	Communication Date
Name of Employer NA NA Occupation	10 05 2010
Purpose of Disbursement (Including title(s) of communication(s))	12 12 14 16 19
	ncinnati 10.4.10"
State: Of	Disbursement/Obligation For: Primary General
Steve Drichaus Senate District: 01	Other (specify)
Name of Federal Candidate Office Sought: [] House	Disbursement/Obligation For:
Senate Senate	Primary General
President District:	Other (specify) >
Name of Federal Condidate Office Sought: House State:	Disbursement/Obligation For:
Senate	Primary General
President	Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)	, 6,12000 , 17,811 00
TOTAL This Period (last page this line number only)	1781100
(carry total from last page to Line 10)	, , , , , , , , , , , , , , , , , , , ,

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
	Next Business Day Delivery		
Received from House Records & Registration	Date of Receipt on Office		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify): Email	Date of Receipt or Postmarked		
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